# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| 1 1       |           | <u>' /                                     </u> |   |
|-----------|-----------|---|---|
| OME       | 3 APPRO   | OVAL  | _ |
| OMB Num   | ber:      | 3235-0076                                       | , |
| Expires:  | April 30, | 2008  |   |
| Estimated | average l | burden  |   |

hours per response . . . 16.00

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| SEC USE ONLY  |  |        |  |  |  |  |
|---------------|--|--------|--|--|--|--|
| Prefix        |  | Serial |  |  |  |  |
| DATE RECEIVED |  |        |  |  |  |  |

| Name of Offering ( check if this is an ar     | mendment and name has changed, and indicate change.)              |  |
|---|---|--|
| Series A Preferred Stock as                   | nd underlying Common Stock issuable upon conversion there         | eof.                                   |
| File Under (Check box(es) that apply):        | ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)                   | ULOE                                   |
| Type of Filing: New Filing . Amenda           | ment  | RECEIVED                               |
|   | A. BASIC IDENTIFICATION DATA                                      |  |
| 1. Enter the information requested about      | t the issuer  | <b>CC</b> 001 2 2 2007 >>              |
| Name of Issuer ( check if this is a           | in amendment and name has changed, and indicate change.)          |  |
| seesmic, Inc.                                 | <u> </u>  |  |
| Address of Executive Offices (Number          | and Street, City, State, Zip Code)                                | Telephone Number (Including Area Code) |
| 145 Alpine Terrace, San Fr                    | rancisco, CA 94117  | (415) 309-92 32                        |
| Address of Principal Business Operations      | (Number and Street, City, State, Zip Code)                        | Telephone Number (Including Area Code) |
| (if different from Executive Offices)         | PROCESSED   |  |
| Same as above.                                | いいしいころとり  | Same as above.                         |
| Brief Description of Business                 | OCT 2 9 2007 🗲  |  |
| Website for video content.                    | There is the  |  |
| Type of Business Organization                 | FINANCIA  |  |
| orporation corporation                        | ☐ limited partnership, already formed FINANCIAL oth               | ner (please specify):                  |
| business trust                                | ☐ limited partnership, to be formed                               |  |
|   | Month Year  |  |
| Actual or Estimated Date of Incorporation     | or Organization:  | Actual Estimated                       |
| Jurisdiction of Incorporation or Organization | on: (Enter two-letter U.S. Postal Service abbreviation for State: |  |
|   | CN for Canada; FN fo  | or other foreign jurisdiction)  D E    |

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|  |   | A. BASIC IDENT               | IFICATION DATA               |                    |                                 |  |  |  |  |
|--|---|------------------------------|------------------------------|--------------------|---------------------------------|--|--|--|--|
| 2. Enter the information rec                   | •   | _                            |                              |                    |                                 |  |  |  |  |
| <del>-</del>                                   |   | ier has been organized with  |                              |                    |                                 |  |  |  |  |
|  | • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; |                              |                              |                    |                                 |  |  |  |  |
| <ul> <li>Each executive office</li> </ul>      | er and director of  | corporate issuers and of co  | rporate general and manag    | ing partners of pa | rtnership issuers; and          |  |  |  |  |
| <ul> <li>Each general and m</li> </ul>         | anaging partner of  | partnership issuers.         |                              |                    |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | □ Promoter  | Beneficial Owner             | Executive Officer            | □ Director         | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if<br>Loic Le Meur | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Addres                   | ss (Number and St   | reet, City, State, Zip Code) | ·                            |                    |                                 |  |  |  |  |
| c/o seesmic, Inc., 1-                          | 45 Alpine Terrace   | e, San Francisco, CA 9411    | 17                           |                    |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | ⊠ Promoter  | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if Mediamorfoz SA  | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Addres                   | s (Number and St  | reet, City, State, Zip Code) |                              |                    |                                 |  |  |  |  |
| c/o Ludivine Rock<br>Luxembourg                | ens, MAZARS –   | Corporate Services, 10       | A, rue Henri M. Schnad       | t, L-2530 Luxem    | bourg, Grand Duche de           |  |  |  |  |
| Check Box(es) that Apply:                      | Promoter  | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if                 | •   |                              |                              |                    |                                 |  |  |  |  |
| Atomico Investmer                              | it Holdings Limit   | ed                           |                              |                    |                                 |  |  |  |  |
| Business or Residence Address                  | •   |                              |                              |                    |                                 |  |  |  |  |
| c/o Guardian Trus                              | t Company Limite  | ed, 15 Boulevard Helvetic    | jue, 1207 Geneva, Switzei    | rland              |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | Promoter  | ☐ Beneficial Owner           | ☐ Executive Officer          | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if                 | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Ljungman, Mattia                               | S   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Addres                   | ss (Number and St   | reet, City, State, Zip Code) |                              |                    |                                 |  |  |  |  |
| 18 Hanover Square                              | e, London, WIS II   | HX                           |                              |                    |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | Promoter  | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if                 | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Address                  | ss (Number and St   | reet, City, State, Zip Code) |                              |                    |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | Promoter  | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if                 | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Address                  | ss (Number and St   | reet, City, State, Zip Code) |                              |                    |                                 |  |  |  |  |
| Check Box(es) that Apply:                      | Promoter  | ☐ Beneficial Owner           | Executive Officer            | Director           | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if                 | individual)   |                              |                              |                    |                                 |  |  |  |  |
| Business or Residence Address                  | ss (Number and St   | reet, City, State, Zip Code) |                              |                    |                                 |  |  |  |  |
|  | (Hea blanks   | chast or convend use add     | litional gamina of this abou | t ac noccess: \    |                                 |  |  |  |  |

|        |   |   |  |  | B. INFOR                                  | MATION                                      | ABOUT O                                   | FFERING                                     |                             |                               |                   |       |          |
|--------|---|---|--|--|---|---|---|---|-----------------------------|-------------------------------|-------------------|-------|----------|
| 1.     | Has the iss   | uer sold, or de   | es the issu                            | er intend (                            | o sell, to n                              | on-accredit                                 | ed investors                              | in this offer                               | ring?                       |                               |                   | Yes   | No       |
|        |   |   |  | Answer                                 | also in Ap                                | pendix, Col                                 | umn 2, if fi                              | ling under U                                | JLOE.                       |                               |                   |       |          |
| 2.     | What is the   | minimum in  | vestment tl                            | nat will be                            | accepted fi                               | om any ind                                  | ividual?                                  |   |                             |                               | \$ <u>N</u>       | /A    |          |
| 3.     | 3. Does the offering permit joint ownership of a single unit? |   |  |  |   |   |   | Yes<br>⊠                                    | No                          |                               |                   |       |          |
| 1      | commission<br>a person to<br>states, list                     | nformation r<br>n or similar re<br>be listed is a<br>the name of t<br>ealer, you ma | muneratio<br>in associati<br>he broker | n for solic<br>ed person<br>or dealer. | itation of p<br>or agent of<br>If more tl | eurchasers in<br>a broker o<br>nan five (5) | n connectio<br>r dealer reg<br>persons to | n with sales<br>istered with<br>be listed a | of securities<br>the SEC an | s in the offer<br>d/or with a | ring. If state or | _     |          |
| Full I | Name (Last<br>N/A   | name first, if  | individual                             | )                                      |   |   |   |   |                             |                               |                   |       |          |
| Busin  | ness or Res   | dence Addre   | ss (Numbe                              | r and Stree                            | t, City, Sta                              | te, Zip Cod                                 | e)  |   |                             |                               |                   |       |          |
| Name   | e of Associ   | ated Broker o   | r Dealer                               |  |   |   |   |   |                             |                               |                   |       |          |
|        |   | Person Listed<br>tates" or chec   |  |  |   |   |   |   |                             |                               |                   | ☐ Al  | l States |
| [AI    | _] [AK  | ] [AZ]  | [AR]                                   | [CA]                                   | [CO]                                      | [CT]  | [DE]                                      | [DC]  | [FL]                        | [GA]                          | [HI]              | מון   | 1        |
| [IL    | -   |   | [KS]                                   | [KY]                                   | [LA]                                      | [ME]  | [MD]                                      | [MA]  | [MI]                        | [MN]                          | [MS]              | [MC   | -        |
| [M     | •   |   | [NH]                                   | [ [ א ]                                | [NM]                                      | [NY]  | [NC]                                      | [חח]  | [0H]                        | [OK]                          | [OR]              | [ P A | •        |
| [R     |   |   | [TN]                                   | [TX]                                   | [UT]                                      | [VT]  | [VA]                                      | [WA]  | [WV]                        | [WI]                          | [WY]              | [PR   | -        |
| Full   | Name (Last  | name first, if  | `individua                             | 1)                                     |   |   |   |   |                             |                               |                   |       |          |
| Busin  |   | idence Addre  | ss (Numbe                              | r and Stree                            | et, City, Sta                             | te, Zip Cod                                 | e)  | •   |                             |                               |                   |       |          |
| Name   | e of Associ   | ated Broker o   | r Dealer                               |  |   |   |   |   | -                           |                               |                   |       |          |
|        |   | Person Listed   |  |  |   |   |   |   |                             | ·                             |                   |       |          |
| (C     | heck "Ali S   | tates" or chec  | k individu                             | al States).                            |   |   |   |   |                             | •••••                         |                   | ☐ AI  | I States |
| [AI    | _] [AK  | ] [AZ]  | [AR]                                   | [CA]                                   | [CO]                                      | [CT]  | [DE]                                      | [DC]  | [FL]                        | [GA]                          | (HI)              | [ID   | ]        |
| [1[    | .] [IN  | ] [IA]  | [KS]                                   | [KY]                                   | [LA]                                      | [ME]  | [MD]                                      | [MA]  | [MI]                        | [MN]                          | [MS]              | [M    | )]       |
| [M     | - •   |   | [NH]                                   | [N]                                    | [NM]                                      | [NY]  | [NC]                                      | [ND]  | [OH]                        | [OK]                          | [OR]              | [ P A |          |
| [ R ]  | I] [SC  | ] [SD]  | [TN]                                   | [TX]                                   | [UT]                                      | [VT]  | [VA]                                      | [WA]  | [WV]                        | [WI]                          | [WY]              | [ P R | []       |
| Full 1 | Name (Last<br>N/A   | name first, if  | `individual                            | l)                                     |   |   |   |   |                             |                               |                   |       |          |
| Busin  | ness or Res   | idence Addre  | ss (Numbe                              | r and Stree                            | et, City, Sta                             | te, Zip Cod                                 | e)  |   |                             |                               |                   |       |          |
| Name   | e of Associ   | ated Broker o   | r Dealer                               |  |   |   |   |   |                             |                               |                   |       |          |
| State  | s in Which  | Person Listed   | Has Solid                              | rited or Int                           | ends to Sol                               | licit Purcha                                | sers                                      |   |                             |                               |                   |       |          |
|        | heck "All S   | tates" or chec  | k individu                             | al States)                             |   | ••••••                                      | ••••••                                    |   |                             |                               |                   |       | 1 States |
| [ A I  |   |   | [AR]                                   | [CA]                                   | [CO]                                      | [CT]  | [DE]                                      | [DC]  | [FL]                        | [GA]                          | [H1]              | [1D   | ]        |
| [11]   |   |   | [KS]                                   | [KY]                                   | [LA]                                      | [ME]  | [MD]                                      | [MA]  | [MI]                        | [MN]                          | [MS]              | [M0   | -        |
| [M     | •   |   | [NH]                                   | [N]]                                   | [NM]                                      | [NY]  | [NC]                                      | [ND]  | [OH]                        | {OK}                          | [OR]              | [ P A |          |
| [R     | II [SC  | l (SD)  | [TN]                                   | [TX]                                   | [UT]                                      | [VT]  | [VA]                                      | [WA]  | [WV]                        | [W]                           | [WY]              | I P R | : 1      |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold -0-5,918,640.00 5,636,792.12 Equity ..... □ Preferred Convertible Securities (including warrants) -0--0-Partnership Interests..... -0--0-Other ..... -0-Total ..... \$ 5,918,640.00 5,636,792.12 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 1 5,636,792.12 Non-accredited Investors ..... -0--0-Total (for filings under Rule 504 only) n/a n/a Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505..... N/A -0-Regulation A ..... -0-N/A Rule 504..... N/A -0-N/A Total ..... -0-Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees -0-Printing and Engraving Costs -0-\$To be determined Legal Fees ..... M Accounting Fees. -0-Engineering Fees. -0-Sales Commissions (specify finder's fees separately)...... \$ -0-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (identify \_\_\_\_\_) .....

Total .....

-0-

\$To be determined

S

|               | C. OFFERING PRICE, N   | NUMBER OF INVESTORS, EXPENSES A   | ND USE                 | OF PROCEED   | <u>S</u>                                      |  |  |  |
|---------------|--|---|------------------------|--|---|--|--|--|
|               | b. Enter the difference between the aggreg Question 1 and total expenses furnished in re "adjusted gross proceeds to the issuer."                    | \$5,918,640.00  |                        |  |   |  |  |  |
| 5.            | used for each of the purposes shown. If the estimate and check the box to the left of the  | ount of the adjusted gross proceeds to the issuer used or proposed to be urposes shown. If the amount for any purpose is not known, furnish an box to the left of the estimate. The total of the payments listed must equal reds to the issuer set forth in response to Part C - Question 4.b. above. |                        |  |   |  |  |  |
|               |  |   |                        | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                         |  |  |  |
|               | Salaries and fees  |   | □ \$_                  | -0-  | □ \$ <u>-0-</u>                               |  |  |  |
|               | Purchase of real estate  |   |                        | -0-  |   |  |  |  |
|               | Purchase, rental or leasing and installation   | on of machinery and equipment   | □ \$_                  | -0-  | □ \$ <u>-0-</u>                               |  |  |  |
|               | Construction or leasing of plant building  | gs and facilities   | □ s                    | -0-  | S -0-   |  |  |  |
|               | Acquisition of other business (including offering that may be used in exchange for some pursuant to a merger)  | the value of securities involved in this or the assets or securities of another   | _<br>□ s               | -0-  | 0   |  |  |  |
|               | ,  |   |                        | -0-  | □ \$ -0-                                      |  |  |  |
|               | • •  |   |                        | -0-  | S 5,918,640.00                                |  |  |  |
|               | Other (specify):   |   |                        |  |   |  |  |  |
|               |  |   | □ <b>\$</b> _          | -0-  | □ \$ <u>-</u> 0-                              |  |  |  |
| Column Totals |  |   |                        | -0-  | S 5,918,640.00                                |  |  |  |
|               | Total Payments Listed (column totals ac  | lded)   |                        | -0-  | <b>⊠</b> \$ 5,918,640.00                      |  |  |  |
|               |  |   |                        |  |   |  |  |  |
|               |  | D. FEDERAL SIGNATURE  |                        |  |   |  |  |  |
| foll          | e issuer has duly caused this notice to be sig<br>owing signature constitutes an undertaking by<br>staff, the information furnished by the issuer to | the issuer to furnish to the U.S. Securities and  | l Exchan               | ige Commission, i                                      | d under Rule 505, the upon written request of |  |  |  |
| Issi          | uer (Print or Type)  | Signature   | I                      | Date /   |   |  |  |  |
| see           | smic, Inc.   |   |                        | October <u>4</u> , 200                                 | 7   |  |  |  |
| Naı           | me of Signer (Print or Type)   | Title of Signer (Print or Type)   |                        |  |   |  |  |  |
| Loi           | c Le Meur  | President and Chief Executive Officer   | nief Executive Officer |  |   |  |  |  |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

